| AUG | his form; together wit | | or <u>F</u> | <u>ax</u> | Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000 | r Patents inia 22313-1450 | | |
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| PATENT LAW O P. O. BOX 1146 MILL VALLEY, C 08/30/2004 MMEKONE1 00 | | G. BECK | | | Cet I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP | tificate of Mailing or Tra his Fee(s) Transmittal is bei with sufficient postage for it I Stop ISSUE FEE addres TO (703) 746-4000, on the | nsmission ing deposited with the United first class mail in an envelope ss above, or being facsimile e date indicated below. | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED | INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/038,099 | 10/29/2001 | | Roy D. | Mead | | -22927-7031 · | 5351 | |
| TITLE OF INVENTION: M | IETHOD AND APPARATU | S FOR FIBER BR | AGG GRATII | NG PRO | ODUCTION | Acu 015-2 | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FI | EE | E PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$665 | \$300 | | \$965 | 10/18/2004 | | |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS |] | | |
| LIN, TINA M | | 2874 | | | 385-037000 | | | |
| CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in | a 37 CFR 3.11. Completion | correspondence tion form to of a Customer The PRINTED ON To though the printer of this form is NO | (1) the name or agents O (2) the name registered a 2 registered listed, no name of the PATENT data will apperate the control of the patents o | nes of upones of a sattorney is patent ame will (print of ar on the for filing | single firm (having as a or agent) and the nam attorneys or agents. If il be printed. or type) the patent. If an assign an assignment. | a member a 2 less of up to no name is 3 lee is identified below, the | AW OFFICE OF VIO G. BECK | |
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| Advance Order - # of | Copies 10 | | The Direct Deposit Acco | tor is hount Nu | ereby authorized by cl mber | harge the required fee(s), o | or credit any overpayment, to copy of this form). | |
| 5. Change in Entity Status | (from status indicated above | e) | · — | | | V-000-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| a. Applicant claims SM | MALL ENTITY status. See 3 | 7 CFR 1.27. | ☐ b. Applicar | nt is not | claiming SMALL EN | TITY status. See, e.g., 37 C | FR 1.27(g)(2). | |
| | is requested to apply the Issu tublication Fee (if required) vords of the United States Pat | | | | | | ication identified above. r the assignee or other party is | |
| (Authorized Signature) | | (Date) | | | | | - | |
| This collection of information an application. Confidential submitting the completed at this form and/or suggestion: Box 1450, Alexandria, Virginia 22313 | s for reducing this burden, slinia 22313-1450. DO NOT | 11. The information | 8/24/of on is required to 1.14. This coll- depending up- to Chief Information COMPLETED | o obtair lection i on the nation O FORM | or retain a benefit by s estimated to take 12 individual case. Any cufficer, U.S. Patent and S TO THIS ADDRES | the public which is to file (a minutes to complete, inclus omments on the amount of Trademark Office, U.S. D. S. SEND TO: Commission | and by the USPTO to process ding gathering, preparing, an- time you require to complet epartment of Commerce, P.C. er for Patents, P.O. Box 1450 | |

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|------------------|----------------------------|--|---|--------------------------------------|--|--|--|--|--|
| Title: | Metho | d and Apparatus for Fiber Bra | gg Grating Production | | | | | | |
| Attori | ney Doc | ket Number: ACU015-2 | - | | | | | | |
| | | ISSUE FEE TR | ANSMITTAL LETTER | | | | | | |
| Mail S P.O. I | Stop Issu Box 145 | | | | | | | | |
| Dear S | Sir: | | | | | | | | |
| • | Enclos | sed are the following: | | | | | | | |
| 1. | <u>X</u> | Issue Fee Transmittal (PTOL-85B). | | | | | | | |
| 2. public | X cation fe | A check in the amount of \$99 and \$30 for 10 copies of the | 25 is enclosed (\$665 for the issue fee, \$30 printed issued patent). | 00 | | | | | |
| 3. | credit enclos otherw | uired in this application under any overpayment, to Deposit A sed herewith, as by a check being vise improper or informal or er the unpaid amount to Deposit | authorized to charge any additional fees 37 CFR 1.16-1.17 during its entire pende account No. <u>50-3200</u> . Should no proper ng in the wrong account, unsigned, post-atirely missing, the Commissioner is authorized account No. <u>50-3200</u> . This sheet is file | ency, or payment be dated, orized to | | | | | |
| 4. | <u>X</u> | Fee Address Indication Form. | | | | | | | |
| 5. | <u>X</u> | Return postcard. | | | | | | | |
| | | August 24, 2004 Date | David Beck Attorney for Applicant(s) Reg. No. 37776 | | | | | | |

David Beck Patent Law Office of David G. Beck P.O. Box 1146 Mill Valley, CA 94942 415-889-5700